

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-0623



December 12, 1986

ALL-COUNTY LETTER NO. 86-128

To: ALL COUNTY WELFARE DIRECTORS

SUBJECT: JANUARY 1987 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE - RSDI) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICE (IHSS) RECIPIENTS

Reference: In-Home Supportive Services Case Management, Information and Payrolling System (IHSS-CMIPS) Instruction Manual

This All-County Letter is to provide you with the following:

1. Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
2. Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases.
3. 1987 SSI/SSP benefit levels.
4. Changes of amounts to be used when manually completing the SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

1. RSDI Increases

All SOC cases that have been automated by CMIPS and have a code 1 (RSDI) in Source Field I2, J3, K2 or L2 will have that amount increased in the corresponding Income Field by 1.3 percent.

To facilitate automation of RSDI we are making two assumptions:

- o that the current entry in the Source Field(s) represents a net amount that has been rounded down to the nearest dollar.

- o that the current entry in the Source Field(s) is the gross amount - which includes the Medicare Part B premium for those persons who must pay their own premium. (Effective January 1, 1987 that premium increases to \$17.90.)

The computation will produce the RSDI benefit amount to be used in automating the January 1, 1987 Share of Cost. (Example: the current benefit amount is \$333, multiplying by 1.013 equals \$337.33; rounding down to the nearest dollar equals \$337.)

It should be noted, as in previous years, the Social Security Administration (SSA) applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated share of cost.

In order to avoid the unnecessary expense of recomputing every case subsequently identified as having an incorrect share of cost solely due to the RSDI COLA automation, counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported.

2. Share of Cost Cases

All IHSS income eligible cases shall have a share of cost adjusted January 1, 1987 because of SSI/SSP benefit level changes. However, any case with an end date in ZZ4 of December 31, 1986, or earlier, cannot be automated. As we have begun to experience each time there is an automated procedure in CMIPs, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment. Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The new alert message is:

"060 Share of Cost Date is not 01/01/87"

A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and share of cost computation. Based on these COLA adjustments, shares of cost will be reduced for all IHSS recipients. The message will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of cost-of-living adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$____, \$____, and \$_____.

"If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP Section 30-755.233."

The automation of share of cost cases is scheduled to be run December 18, 1986 so that we can meet the timeliness for Notices of Action. Any changes or new cases added to CMIPs after that date should use the following procedure so that correct segments on lines MNO can be built:

o Turnaround Document (TAD) #1:

- enter appropriate data for 1986 in Share of Cost fields and wait for the next turnaround document to enter 1987 data
- a Notice of Action will be generated

o Turnaround Document (TAD) #2:

- enter 01/01/87 in Share of Cost Field I1
- enter corrected RSDI income in Source/Income Field I1, J3, K2 or L2 (1.013 x 1986 amount)
- CMIPS will recompute the correct Share of Cost
- a Notice of Action will be generated

Share of Cost cases that are not updated may result in the IHSS recipient paying a Share of Cost which exceeds his/her liability. County welfare departments will be responsible for making reimbursement to those persons so affected.

3. Attachment A to this ACIN is the 1987 SSI/SSP Payment Standards. Attachment B provides corrected pages for the IHSS-CMIPs Instruction Manual pages C16 and C17.
4. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPs share of cost automation feature.
 - a. SOC 294A (Attachment C)
 1. Change allowances in Column B, row 2a to \$170.00
 2. Change allowances in Column B, row 6 to \$170.00
 - b. SOC 294C (Attachment D)
 1. Change allowances in Column A, row 2a to \$170.00


2. Change allowances in Column A, row 6b(1) and 6b(2) to (1) \$680.00 and (2) 1,020.00, respectively
3. Change allowances in Column A, rows 7b and 8i to (1) \$340.00 and (2) \$510.00, respectively

There will be turnaround documents generated on all affected IHSS income eligible cases - both SOC 293s and SOC 311s. These will have an identifying message on the top which will read "Share of Cost COLA 1987." There will also be Notices of Action generated which will have the message as displayed under 2. above.

- o Only those cases that have an identical Share of Cost reflected on both the SOC 293 Share of Cost Field M6 and the SOC 311 Share of Cost Field F5 will have an SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and must have the provider document manually changed.
- o We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field I1, J3, K2 or L3; however, for ease of identification of those cases, a separate listing will be provided at the bottom of the County Exception List.

All TADs and NOAs will be printed at the printer sites by on-line counties; batch counties will have documents printed by EDS and mailed to the recipient and county, as appropriate.

Questions regarding CMIPs procedures should be addressed to Roberta Christensen at (916) 323-6341 or ATSS 8-473-6341. Questions regarding program issues should be addressed to your Adult and Family Services Operations Consultant at (916) 445-0623 or ATSS 8-485-0623.


LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachments

State of California
Department of Social Services
Administration Division

SSI/SSP Payment Standards

Actual SSI/SSP Payment Standards - January 1 through December 31, 1987

Estimates Branch
November 1, 1986
(Rev. 11/4/86)

CPI: 5.1%

CPI: 1.3% (SSI COLA)

Program	Reduced Needs				Restaurant Meals				OHC			
	Independent Living Arrangement		Household of Another		Independent Living Arrangement W/O Cooking Facilities		Non-Medical Board and Care		a/			
	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP
<u>INDIVIDUAL:</u>												
Aged or Disabled	\$ 560.00	\$340.00	\$220.00	\$ 446.67	\$226.67	\$220.00	\$ 620.00	\$340.00	\$280.00	\$ 632.00	\$340.00	\$292.00
Blind	627.00	340.00	287.00	513.67	226.67	287.00	-	-	-	632.00	340.00	292.00
Disabled Minor	444.00	340.00	104.00	330.67	226.67	104.00	-	-	-	632.00	340.00	292.00
<u>COUPLE:</u>												
Aged or Disabled												
- per couple	1,039.00	510.00	529.00	869.00	340.00	529.00	1,160.00	510.00	650.00	1,264.00	510.00	754.00
- per person	519.50	255.00	264.50	434.50	170.00	264.50	580.00	255.00	325.00	632.00	255.00	377.00
Blind												
- per couple	1,221.00	510.00	711.00	1,051.00	340.00	711.00	-	-	-	1,264.00	510.00	754.00
- per person	610.50	255.00	355.50	525.50	170.00	355.50	-	-	-	632.00	255.00	377.00
Blind/Aged or Disabled												
- per couple	1,152.00	510.00	642.00	982.00	340.00	642.00	-	-	-	1,264.00	510.00	754.00
- per person	576.00	255.00	321.00	491.00	170.00	321.00	-	-	-	632.00	255.00	377.00

Personal and Incidental Needs Allowance a/ Non-Medical Board and Care

Total.....	\$35	Total.....	\$632
SSI.....	25	Board and Room.....	270
SSP.....	10	Care and Supervision.....	232
		Personal and Incidental Needs....	Maximum: 130
			Minimum: 74

C.8

PAGE

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1 - INDIVIDUAL AGED OR DISABLED - OWN HOME	\$ 560.00
2 - INDIVIDUAL BLIND - OWN HOME	627.00
3 - INDIVIDUAL DISABLED MINOR - OWN HOME	444.00
4 - INDIVIDUAL AGED OR DISABLED - HOUSEHOLD OF ANOTHER	446.67
5 - INDIVIDUAL BLIND - HOUSEHOLD OF ANOTHER	513.67
6 - INDIVIDUAL DISABLED MINOR - HOUSEHOLD OF ANOTHER	330.67
7 - INDIVIDUAL AGED OR DISABLED - INDEPENDENT LIVING WITHOUT COOKING FACILITIES	620.00
8 - COUPLE AGED OR DISABLED - OWN HOME	1,039.00
9 - COUPLE BLIND - OWN HOME	1,221.00
10 - COUPLE BLIND/AGED OR DISABLED - OWN HOME	1,152.00
11 - COUPLE AGED OR DISABLED - HOUSEHOLD OF ANOTHER	869.00
12 - COUPLE BLIND - HOUSEHOLD OF ANOTHER	1,051.00
13 - COUPLE BLIND/AGED OR DISABLED - HOUSEHOLD OF ANOTHER	982.00
14 - COUPLE AGED OR DISABLED - INDEPENDENT LIVING WITHOUT COOKING FACILITIES	1,160.00

D. FOR A COUPLE, BOTH OF WHOM ARE IHSS RECIPIENTS AND EQUALLY SHARE THEIR NET COUNTABLE INCOME, EITHER DIVIDE THAT COUNTABLE INCOME BY 2 OR ALLOCATE THE COUNTABLE INCOME IN UNEQUAL PORTIONS, WHICHEVER ADVANTAGES THE COUPLE, ENTER THAT SUM IN I3. ENTER THE APPROPRIATE CODE BELOW FOR THE SHARE OF COST COMPUTATION:

15 - COUPLE AGED OR DISABLED - OWN HOME PER PERSON	519.50
16 - COUPLE BLIND - OWN HOME, PER PERSON	610.50
17 - COUPLE BLIND/AGED OR DISABLED - OWN HOME, PER PERSON	576.00
18 - COUPLE AGED OR DISABLED - WITHOUT COOKING FACILITIES, PER PERSON	580.00
19 - COUPLE AGED OR DISABLED - HOUSEHOLD OF ANOTHER, PER PERSON	434.50
20 - COUPLE BLIND - HOUSEHOLD OF ANOTHER, PER PERSON	525.50
21 - COUPLE BLIND, AGED OR DISABLED - HOUSEHOLD OF ANOTHER, PER PERSON	491.00

\$20.00 STANDARD DEDUCTION
\$55.00 EARNED INCOME DEDUCTION
ONE HALF REMAINDER OF INCOME - EARNED
INCOME DEDUCTION
\$170.00 NEEDS OF CHILDREN/NON-LINKED SPOUSE
\$580.00 OR \$1,020.00 ALLOWANCE FOR EARNED INCOME
PARENT(S)
\$340.00 OR \$510.00 ALLOWANCE FOR UNEARNED INCOME
PARENT(S)
\$340.00 OR \$510.00 ALLOWANCE FOR COMBINATION EARNED/
UNEARNED INCOME PARENT(S)

*NOTE: ANY AMOUNT THAT A RECIPIENT PAYS FOR SERVICES THAT ARE AN
ALTERNATIVE TO IHSS MAY BE ENTERED IN THE DEDUCT FIELD.

FIELD I3 - COUNTABLE INCOME - OPTIONAL

LENGTH: 6

DESCRIPTION: COUNTABLE INCOME - THE SUM OF ALL NET INCOME AVAILABLE
TO RECIPIENT.

- A. FOR THOSE RECIPIENTS WHOSE SHARES OF COST ARE AUTO-
MATED, THIS FIELD WILL BE SYSTEM GENERATED, THE
BENEFIT LEVEL DEDUCTED AND THE SHARE OF COST FIELD
SYSTEM GENERATED.
- B. THIS FIELD MUST BE INPUT WITH THE AMOUNT THAT HAS BEEN
MANUALLY COMPUTED FOR THOSE RECIPIENTS WHOSE COUNTABLE
INCOME IS NOT AUTOMATED TO ENABLE THE CORRECT SHARE OF
COST INFORMATION ON AN AUTOMATED NOTICE OF ACTION.
SEE J4 D BELOW FOR ADDITIONAL INFORMATION.

FIELD J4 - BENEFIT CODE/LEVEL - OPTIONAL

LENGTH: 2, 8

DESCRIPTION: BENEFIT LEVEL - THE SSI/SSP BENEFIT LEVEL USED TO
DETERMINE THE RECIPIENT'S SHARE OF COST.

- A. FOR THOSE RECIPIENTS WHOSE SHARES OF COST ARE AUTO-
MATED, THIS FIELD MUST HAVE A BENEFIT CODE ENTERED.
- B. THIS INCLUDES BOTH RECIPIENTS WHO HAVE COUNTABLE
INCOME AUTOMATICALLY COMPUTED OR COUNTABLE INCOME
MANUALLY COMPUTED.
- C. ENTER THE APPROPRIATE BENEFIT CODE.

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a.	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs	\$170	\$170
c.	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a — b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than \$170 A15 is entered in C — If greater than \$170, complete B7 through B20		\$
8. Total exclusions (A6 plus A7)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
9. Remaining earned income (A5 minus A8)		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
10. Net earned income (A9 x ½)		\$	9. Any income exclusion	\$20	
11. Other earned income deductions		\$	10. Net unearned income (B8 minus B9)	\$	
12. Total net earned income (A10 minus A11)		\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
13. Total countable income (A4 plus A12)	\$		12. Earned income exclusion		\$65
14. SSI/SSP payment level	\$		13. Total exclusions (B11 plus B12)		\$
15. IHSS share of cost (A13 minus A14)	\$		14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 x ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. SSI/SSP couple payment level	\$	
			20. IHSS share of cost (B18 minus B19)	\$	
			C. SHARE OF COST (higher of A15 or B20)**	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER

DATE

IHSS INCOME ELIGIBILITY — CHILD

Name _____

Case No. _____ Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

PARENT				RECIPIENT	
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.				Unearned	Earned
1. Gross income	\$			1. Income deemed to child (from A6d, A7d, A8j or A9)**	\$
2. Allowance for children not blind or disabled				2. Unearned income (list) (Do not show exempt income)	
a. Children's needs	\$ 170	\$ 170	\$ 170	a.	\$
b. Children's income	\$	\$	\$	b.	\$
c. Net needs (a minus b)	\$	\$	\$	c.	\$
d. Total allowance (add A2c's)	\$			3. Total unearned income (B1 plus B2)	\$
3. Remaining unearned income (A1 minus A2d)	\$			4. Any income exclusion	\$ 20
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)		\$		5. Net unearned income (B3 minus B4)	\$
5. Remaining earned income (A1 minus A4)		\$		6. Earned income (Do not show exempt income)	\$
6. If remaining income is EARNED only:				7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)	
a. \$85 exclusion		\$ 85		8. Earned income exclusion	\$ 65
b. Allowance for parent and spouse (1) \$680 (2) \$1020		\$		9. Total exclusions (B7 plus B8)	\$
c. Total exclusions (A6a plus A6b)		\$		10. Remaining earned income (B6 minus B9)	\$
d. Income deemed to child (A5 minus A6c)		\$		11. Net earned income (B10 X ½)	\$
7. If remaining income is UNEARNED only:				12. Other earned income deductions	\$
a. Any income exclusion	\$ 20			13. Total net earned income (B11 minus B12)	\$
b. Allowance for parent and spouse (1) \$340 (2) \$510	\$			14. Total countable income (B5 plus B13)	\$
c. Total exclusions (A7a plus A7b)	\$			15. SSI/SSP payment level	\$
d. Income deemed to child (A3 minus A7c)	\$			16. IHSS share of cost (B14 minus B15)	\$
8. If income is UNEARNED and EARNED:					
a. Any income exclusion	\$ 20				
b. Net unearned income (A3 minus A8a)	\$				
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)		\$			
d. Earned income exclusion		\$ 65			
e. Total exclusions (A8c plus A8d)		\$			
f. Earned income (A5 minus A8e)		\$			
g. Net earned income (A8f X ½)		\$			
h. Total income (A8b plus A8g)	\$				
i. Allowance for parent and spouse (1) \$ 340 (2) \$ 510	\$				
j. Income deemed to child (A8h minus A8i)	\$				
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.					
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)	\$				

** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker _____

Date _____